

Legend Drug Sample Distributors Report

FIRM NAME				
ADDRESS				
CITY			STATE	ZIP
<p>The persons listed below either distribute legend drug samples to practitioners in Washington or are responsible for such distribution.</p>				
				<i>Type of Storage</i> <i>(check appropriate box)</i>
NAME				<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
ADDRESS				
CITY	STATE	ZIP	TELEPHONE	
NAME				<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
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